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To: Commissioner for Patents

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Pages: 36 (including cover page)

Re: Serial No. 10/653,521

Comments:

Trans. Form; Fee Trans.; Credit Card Payment Form;
Petition for Extension of Time;
Amendment and Response to Office Action of 7 December 2005

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PTO/SB/21 (09-04)

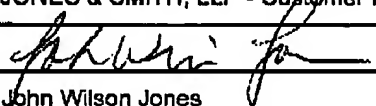
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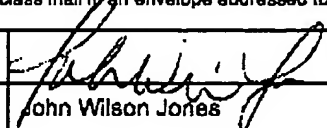
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TRANSMITTAL FORM	Application Number	10/653,521
	Filing Date	September 2, 2003
	First Named Inventor	Stephenson, et al
	Art Unit	3676
	Examiner Name	Bryan Fuller
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	34	Attorney Docket Number
		020569-03402 (P202-1230-US)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition 2-month extension <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Credit Card Payment Form PTO-2038		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	JONES & SMITH, LLP - Customer Number 54487		
Signature			
Printed name	John Wilson Jones		
Date	April 26, 2006	Reg No.	31,380

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Signature			
Typed or printed name	John Wilson Jones	Date	April 26, 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 350

Complete if Known

Application Number	10/853,521
Filing Date	9/02/2003
First Named Inventor	Stephenson et al
Examiner Name	Bryan Fuller
Art Unit	3878
Attorney Docket No.	020589-03402 (P202-1230-US)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
65	- 20 or HP = 7	50	350

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
	- 3 or HP =		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

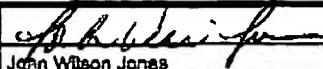
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
	- 100 =	/ 50 =		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 31,380	Telephone (713) 528-3100
Name (Print/Type)	John Wilson Jones		Date 4/28/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JOHN WILSON JONES
(713) 528-0148 - Direct
jjones@jonesesmith.netE. RANDALL SMITH
(713) 528-0884 - Direct
esmith@jonesesmith.net**JONES & SMITH, LLP**

Attorneys at Law

RIVIANA BUILDING
2777 ALLEN PARKWAY, SUITE 800
HOUSTON, TEXAS 77019
(713) 528-8100
(713) 893-6076 - Fax

INTELLECTUAL PROPERTY LAW

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Date: November 22, 2005

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1.	Commissioner for Patents		(571) 273-8300	(571) 272-1095

From: John Wilson Jones

Phone: 713-528-0148 (Direct)

Total number of pages including this page: 6

If you do not receive all the pages, please call (713) 737-8222.

Notes: Attached is the Transmittal form for
Application Number: 10/653,521
Information Disclosure Statement
2nd Supplemental

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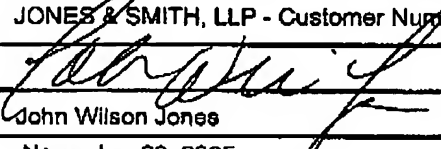
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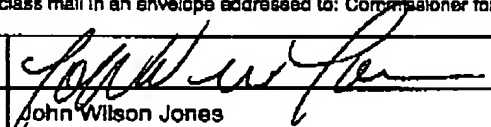
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	Art Unit	3676	
	Examiner Name	Bryan Fuller	
Total Number of Pages in This Submission	6	Attorney Docket Number	020589-03402 (P202-1230-US)

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement 2nd Supplemental <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	JONES & SMITH, LLP - Customer Number 54487		
Signature			
Printed name	John Wilson Jones		
Date	November 29, 2005	Reg. No.	31,380

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Typed or printed name	John Wilson Jones	Date	November 29, 2005

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